

DIRECT DEPOSIT FORM

ASI Flexible Spending Account Cafeteria Plan Administration

Employer: _____
Employee: _____
EIN: _____
Address: _____
City/State/Zip: _____

I wish to receive my flexible spending account reimbursements by Direct Deposit. I hereby authorize Application Software Inc. (ASI) to originate electronic credit transactions to my bank (or credit union, or savings & loan) account indicated below, and to credit the same to such account. If necessary, ASI may make deductions from my account for any payments credited to my account in error. This authority is to remain in full force and effect until ASI and my bank make a reasonable opportunity to act on it.

Bank: _____
Routing #: _____
Account #: _____
Type: Checking: _____ Savings: _____
Signature: _____
Date: _____

Is this a change to a current authorization? Yes___ No___

DIRECT DEPOSIT ACCOUNT VERIFICATION

Please attach a voided check or deposit slip in this area so that we may verify your routing and account numbers.

Mailing Address: P.O. Box 6044
Columbia, MO 65205-6044

Street Address: 110 East Ash Street
Columbia, MO 65203-4123

Phone Numbers: (573) 442-3035 or (800) 659-3035

Fax Number: (573) 874-0425

Email: asi@asiflex.com